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CONFIRMATION NO. 2456

<b>SERIAL NUMBER</b> 10/627,358	<b>FILING OR 371(c) DATE</b> 07/25/2003 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1623	<b>ATTORNEY DOCKET NO.</b> 290194-00001	
<b>APPLICANTS</b> Peter Migaly, Blairsville, PA;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/319,436 07/30/2002					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 04/20/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 50	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> DR. PETER MIGALY P.O. BOX 237 BLAIRSVILLE, PA15717					
<b>TITLE</b> Combination therapy for depression, prevention of suicide, and various medical and psychiatric conditions					
<b>FILING FEE RECEIVED</b> 8744	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		